

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	VAN TRUONG		06-15-01
O.I.P.E. CLASSIFIER		8	6-27-01
FORMALITY REVIEW	TH	953	08-08-01
RESPONSE FORMALITY REVIEW	M.D.	688	11-16-01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	6/4/02
2	6/5/02
3	6/5/02
4	6/5/02
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49	6/5/02
50	6/5/02

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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